

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

071 107 560: 09869360

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.			3	3	3	
TOTAL DEP.						
TOTAL CLAIMS						

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					